

JUL 14 2005

PTO/SB/01 (03-01)(Amended by Customer pursuant to MPEP § 601.02)  
Non-Amended Version Approved for use through 10/31/2002. OMB 0651-0032  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

<b>DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>		Attorney Docket Number	P00799-US-01
		First Named Inventor	KLINE, Kevin
<input type="checkbox"/> Declaration Submitted with Initial Filing OR <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16(e)) required)		<b>COMPLETE IF KNOWN</b>	
		Application Number	10/783,502
		Filing Date	2/20/2004
		Group Art Unit	
		Examiner Name	

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

THERMOSTATIC MIXING VALVE

(Title of the Invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on 2/20/2004  as United States Application Number or PCT International

Application Number 10/783,502 and was amended on (MM/DD/YYYY)  (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby appoint the practitioners at Customer Number 22446, who are the attorney(s) or agent(s) of the assignee of my invention to prosecute the above-identified application, and to transact all business in the United States Patent and Trademark Office connected therewith.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d), (e) or (f), or 365(b) of any foreign or provisional application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/US/27056	PCT	8/23/2002	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60/314,803	US	8/24/2001	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FILMS OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

PTO/SB/01 (03-01)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

**DECLARATION AND POWER OF ATTORNEY Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/>		Customer Number or Bar Code Label	<input type="text"/>		OR <input checked="" type="checkbox"/> Correspondence address below	
Name <b>Jill Tabor Powlick</b>						
Address <b>ICE MILLER, One American Square, Box 82001</b>						
City <b>Indianapolis</b>			State <b>IN</b>	ZIP <b>46282-0200</b>		
Country <b>USA</b>		Telephone <b>(317) 236-5972</b>		Fax <b>(317) 236-4610</b>		
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Surname				
<b>Kevin B.</b>		<b>Klein</b>				
Inventor's Signature				Date		
Residence: City <b>Whitefish Bay</b>		State <b>WI</b>	Country <b>USA</b>	Citizenship <b>USA</b>		
Mailing Address <b>Apartment No. 101, 800 East Henry Clay Street</b>						
City <b>Whitefish Bay</b>		State <b>WI</b>	ZIP <b>53217</b>	Country <b>USA</b>		
NAME OF SECOND INVENTOR:		<input checked="" type="checkbox"/> A petition has been filed for this unsigned inventor				
Given Name (first and middle (if any))		Family Name or Surname				
Inventor's Signature				Date		
Residence: City		State	Country	Citizenship		
Mailing Address						
City		State	ZIP	Country		
<input checked="" type="checkbox"/> Additional inventors are being named on the ____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.						

[Page 2 of 3]

**Declaration and Power of Attorney****Inventor Signature Unavailable**

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Kevin B. KLINE  
FULL NAME OF SOLE OR FIRST JOINT INVENTOR

United States of America (US)  
Country of Citizenship

Signature Unavailable  
Inventor's Signature

          
Date

Apartment No. 101, 800 East Henry Clay Street

Whitefish Bay, Wisconsin 53217  
Residence and Post Office Address

**Name of Sole Assignee**

Lawler Manufacturing Co., Inc.  
600 East Ohio Street  
Indianapolis, Indiana 46204

By: 

Robert B. Eveleigh

6/2/05  
Date

Title: 

Assignee hereby signs in place of non-compliant inventor pursuant to 37 CFR 1.64.

[Page 3 of 3]

INDY 1556606v.1